

**Community Regional Medical Center  
Diagnostic Medical Sonography – Abdomen-Extended & Ob/Gyn Track**

**ENROLLMENT AGREEMENT**

Community Regional Medical Center ♦ 2823 Fresno Street, CA 93721  
Phone: (559) 459-2731 ♦ Fax: (559) 459-2935 ♦ www.communitymedical.org

<b>PLEASE PRINT OR TYPE</b>		<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Entry Student
Applicant Legal Name _____			
Social Security # _____	(First)	(Middle)	(Last)
_____ - _____ - _____	Date of Birth _____ - _____ - _____	Driver's License / ID No. _____	
Home Telephone: (____) _____ - _____	Work: (____) _____ - _____	Cell: (____) _____ - _____	
Address _____	City _____	State _____	Zip _____
E-Mail _____	Fax No. _____		

**A. EDUCATIONAL SERVICE**

Program: **Diagnostic Medical Sonography– Abdomen-Extended & Ob/Gyn Track**

Total Clock Hours: Lecture = **207**, Lab = **180** / Clinical = **1,764** Approximate No. of Weeks **73**

Enrollment Agreement Period - Start Date: **01/7/2025** Scheduled Completion Date: **07/18/2026**

Enrollment Agreement Period Program - Start Date: **01/7/2025** Program Scheduled Completion Date: **07/18/2026**

Lecture Hours: **207** / Clinical Internship Hours: **1,764**

On the following days of the week:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**B. ITEMIZATION & TOTAL TUITION FEES**

Application Fee	\$ 50.00	<i>Non-Refundable</i>
Basic Life Support Class	\$ 80.00	
Physical & Immunizations	\$ 200.00	<i>Prices fluctuate</i>
Uniforms	\$ 180.00	<i>Prices fluctuate</i>
Books	\$ 425.00	<i>Prices fluctuate</i>
Background Check & Drug Screening	\$ 85.00	<i>Prices fluctuate</i>
Medical Document Management	\$ 20.00	<i>Prices fluctuate</i>
Trajecsyst System	\$ 150.00	
Liability Insurance	\$ 60.00	
SDMS Membership	\$ 45.00	
ARDMS Examination Fees	\$ 475.00	
Student Tuition Recovery Fee (STRF)	\$ 0.00	<i>Non-refundable (\$0.00 per one thousand dollars (\$1,000) of institutional charges</i>
Tuition	\$ 24,950.00	<i>Prorated upon withdrawl. Refer to refund policy provision within this Agreement.</i>
Tuition (Specialty Track)	\$ 5,000.00**	

**ESTIMATED DUE FOR THE ENTIRE PROGRAM \$31,720.00\***

**TOTAL TUITION CHARGES FOR CURRENT PERIOD OF ATTENDANCE \$ 6,680.00**

**TUITION CHARGES DUE UPON ENROLLMENT \$ 6,680.00**

**\* YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

**Additional Fees, as applicable:** Official Transcript \$5.00, Returned Check: \$35.00, Bus Tokens: \$2.00

**STUDENT AGREES TO PAY ABOVE SPECIFIED TUITION FEES AS FOLLOWING:**

- |   |              |  |            |
|---|--------------|--|------------|
| <input type="checkbox"/> Beginning of the program                               | \$6,200.00   | <input type="checkbox"/> Beginning of the 5 <sup>th</sup> month of the program     | \$6,200.00 |
| <input type="checkbox"/> Beginning of the 10 <sup>th</sup> month of the program | \$6,200.00   | <input type="checkbox"/> Beginning of the 15 <sup>th</sup> month of the program    | \$6,350.00 |
| <input type="checkbox"/> Beginning of the Specialty Track                       | \$5,000.00** | <i>You will pay this amount only if you are participating in a Specialty Track</i> |            |

**TUITION DUE \$29,950.00 Payment Agreement: \_\_\_\_\_**

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT, A COPY OF THE SCHOOL CATALOG AND SCHOOL PERFORMANCE FACT SHEET. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.

**I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title of School Official Accepting Enrollment \_\_\_\_\_ Date \_\_\_\_\_

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## C. REFUND POLICY

### RESIDENTIAL PROGRAMS

#### STUDENT'S RIGHT TO CANCEL

1. You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled days in the current payment period in your program through the last day of attendance.

Cancellation of this agreement can occur up to: January 31, 2025.

2. Cancellation may occur when the student provides a written notice of cancellation at the following address: Community Regional Medical Center, 2823 Fresno Street, Fresno, CA 93721. This can be done by mail or by hand delivery.
3. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage.
4. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.
5. If the student cancels within the Right to Cancel period, the school must refund 100% of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed \$250.00. Equipment, textbooks, and supplies purchased for the program will be provided to students after the Right to Cancel period.

#### WITHDRAWAL FROM THE PROGRAM

You may withdraw from the school at any time after the cancellation period (described above) and receive a pro rata refund if you have completed 60 percent or less of the scheduled days in the current payment period in your program through the last day of attendance. The refund will be less a registration or administration fee not to exceed \$250.00, and less any deduction for equipment not returned in good condition, within 45 days of withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution of the student's withdrawal or as of the date of the student's withdrawal, whichever is later.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.
- The student has failed to attend class for three (3) consecutive weeks (online or onsite).
- The student fails to return from a leave of absence.

For the purpose of determining the amount of the refund, the date of the student's withdrawal shall be deemed the last date of recorded attendance. The amount owed equals the daily charge for the program (total institutional charge, minus non-refundable fees, divided by the number of days in the program), multiplied by the number of days scheduled to attend, prior to withdrawal. For the purpose of determining when the refund must be paid, the student shall be deemed to have withdrawn at the end of three (3) consecutive weeks. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

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## UNDERSTANDINGS

1. **Catalog:** Information about Community Regional Medical Center – Diagnostic Medical Sonography Program (CRMC-DMSP) is published in a school catalog that contains a description of certain policies, procedures, and other information about the school. CRMC-DMSP reserves the right to change any provision of the catalog at any time. Notice of changes will be communicated in a revised catalog, an addendum or supplement to the catalog, or other written format. Students are expected to read and be familiar with the information contained in the school catalog, in any revisions, supplements and addenda to the catalog, and with all school policies. By enrolling in CRMC-DMSP, the Student agrees to abide by the terms stated in the catalog and all school policies.
2. **Location:** All residential instruction occurs at the address checked on page 1 of this agreement.
3. I understand that I will be awarded a certificate when I have completed all of the program requirements. A graduate must have passed each course and have satisfied all financial obligations.
4. **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:** The transferability of credits you earn at Community Regional Medical Center-Diagnostic Medical Sonography Program (CRMC-DMSP) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the CRMC-DMSP is also at the complete discretion of the institution to which you may seek to transfer. If the certificate you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending CRMC-DMSP to determine if your certificate will transfer.
5. **Career Services:** Placement assistance is not provided. It is understood that the School does not and cannot promise or guarantee neither employment nor level of income or wage rate to any Student or Graduate.
6. **Questions:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at:
  - a. Address: 1747 N. Market Blvd. – Suite 225, Sacramento, CA 95834 -or-
  - b. Address: P.O. Box 980818, West Sacramento, CA 95798-1897
  - c. Web: [www.bppe.ca.gov](http://www.bppe.ca.gov)
  - d. Telephone: (888) 370-7589 -or- (916) 431-6959
  - e. Fax: (916) 263-1897

INITIAL

**BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.**

Revision Date: November 18, 2024

Page 2 of 3 \_\_\_\_\_ (Initial)

- 7. **Complaints:** A student or any member of the public may file a complaint about this institution with Bureau for Private Postsecondary Education by calling 888.370.7589 toll-free or by completing a complaint form, which can be obtained on the bureau's Internet Web site, www.bppe.ca.gov.
- 8. **Financing:** The Student understands that if a separate party is financing his/her education, that the Student, and the Student alone, is directly responsible for all payments and monies owed to the school listed on this agreement.
- 9. **Loan:** If the Student obtains a loan to pay for an educational program, the Student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: 
  - a. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
  - b. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.
- 10. **Notice of Indebtedness:** You may assert against the holder of a promissory note you signed in order to finance the cost of the educational program all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.
- 11. **Student Tuition Recovery Fund:** The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. **Initial**

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.